## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 03 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N95000000543 (7)

## DEBARY LITTLE LEAGUE, INCORPORATED

Principal Place of Business Mailing Address 30, E. HIGHBANKS RD P.O. BOX 35 3. Date Incorporated or Qualified DEBARY FL 32713 DE BARY FL 32713 01/31/1995 4. FEI Number Applied For 59-3331933 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 27 100 W. H 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 28 Yes MO No Zip Country Country Zip 8. This corporation owes or has paid the current year Intaggible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name HERNANDEZ, ELIZABETH Street Address (P.O. Box Number is Not Acceptable) 19 DOGWOOD TRAIL DEBARY FL 32713 83 84 Zip Code 85 Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature requ 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 11 TITLE ☐ Change Addition BOVE, KAREN NAME 1.2 NAME 43 SOFT SHADOW CT STREET ADDRESS 1.3 STREET ADDRESS DEBARY FL 32713 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 2.1 TITLE HERNANDEZ, ELIZABETH NAME 2.2 NAME 19 DOGWOOD TRAIL STREET ADDRESS 2.3 STREET ADDRESS DEBARY FL 32713 CITY-ST-ZIP 2. 4 CITY - ST-ZIP ☐ DELETE TITLE 3.1 TITLE ☐ Change Addition FRANCIS, BENNIE 3.2 NAME 112 PINE VALLEY COURT STREET ADDRESS 3.3 STREET ADDRESS DEBARY FL 32713 CITY-ST-ZIP 3.4, CITY-ST-ZIP DELETE \_\_ Change TITLE 4.1 TITLE Vice President Addition BENTLEY, RICK Sharon Wilson NAME 4.2 NAME 131 FLORIDANA ROAD 101/2 Sundown STREET ADDRESS 4.3 STREET ADDRESS DEBARY FL 32713 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS C/TY-ST-ZIP 5.4 CITY-ST-ZIP Change TITLE □ DELETE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

6.4 CiTY-ST-ZIP